fees, to:

Complete and mail this form, together with ap

FULL-ON DISPOSABLE DIAPER

Assistant Commissioner for Patents

Box ISSUE FEE Washington, D.C. 20231

through 4 should Receipt, the Pate correspondence	be completed where ent, advance orders a address as indicated v correspondence at	m should be used for tra appropriate. All further co and notification of mainter d unless corrected below ddress; and/or (b) indica	Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing. Certificate of Mailing				
CURRENT CORRES		(Note: Legibly mark-up with any CE LEBLANC 8	QM41/0	1721	I hereby certify that this Issue Fee Transmitta the United States Postal Service with sufficie mail in an envelope addressed to the Box Issu the date indicated below.	ent postage for first class	
SUITE 300					(Depositor's name)		
•	99 CANAL ALEXANDRI	CENTER PLAZA A.VA 22314		(Signature)			
				(Date)			
APPLIC	ATION NO.	FILING DATE	TOTAL CLAIMS		EXAMINER AND GROUP ART UNIT	DATE MAILED	
First Named Applicant	09/965,61	3 41/96/97	OG4	F.1 11 ::	· // "`	BE ENPERED	
TITLE OF INVENTION	YAMAKI,		RUMI				

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	- DATE DUE
2 2030-201	·	, <u>;</u> , ,, ,,		The state of the s		
Change of correspondence address Use of PTO form(s) and Customer Change of correspondence address	(1) the name attorneys or the name of	For printing on the patent front page, list \$1.320 \ UU \ \ \text{TU/Z1/9}; the names of up to 3 registered patent of a single firm (having as a \$1.320 \ \text{UU} \ \text{TU/Z1/9}; \\ \text{1.320 \text{UU} \ TU/Z1/9}; \\ 1.320				
PTO/SB/122) attached.	registered attorney or agent) 2 GOPSTEIN GILMAN mes of up to 2 registered patent					
☐ "Fee Address" Indication (or "Fe	ee Address* Indication form PT0	pro agents. If no name is listed, no be printed. 3 & BERNER				
3. ASSIGNEE NAME AND RESIDEN PLEASE NOTE: Unless an assign Inclusion of assignee data is only the PTO or is being submitted und filing an assignment. (A) NAME OF ASSIGNEE UN	nee is identified below, no assig appropiate when an assignmer	nee data will appeant has been previoung of this form is NO	ar on the patent.	4a. The following fees are e of Patents and Tradema Signature Sign	arks): Chec	k No. 1623
(B) RESIDENCE: (CITY & STATE Please check the appropriate assi ☐ individual		4b. The following fees or Deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER				
The COMMISSIONER OF PATENTS	AND TRADEMARKS IS reque	sted to apply the Is	sue Fee to the ap			
(Authorized Signature) Benjamin J Alup NOTE: The Issue Fee will not be accordagent; or the assigned on other partirademark Office.	tman, Reg. #29	(Date	0 / 20 / 98 stered attorney			
Burden Hour Statement: This for depending on the needs of the ind to complete this form should be s Office, Washington, D.C. 20231. I ADDRESS. SEND FEES AND TI Patents, Washington D.C. 20231	10/23/1998 SHARRELL 00000006 08965613 01 FC:142 1320.00 QP					
Under the Paperwork Reduction A of information unless it displays a		quired to respond t	to a collection			